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APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		TOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/527,178	527,178 04/27/2005			Harmin Muller			09600-00029-US 9984		
TITLE OF INVENTION: METHOD FOR THE PRODUCTION OF AQUEOUS POLYMER DISPERSIONS CONTAINING VERY FEW RESIDUAL MONOMERS AND USE THEREOF									
APPLN. TYPE S	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE I	PREV, PAID ISSUI	e fee	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0		\$1700	07/18/2007	
EXAMINER	t .	ART UNIT	CLASS-SUBCLASS	S					
BOYKIN, TERRESSA M		1711	528-480000						
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is						
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Celanese Emulsians EmbH Kronberg/Ts., Germany									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖳 Corporation or other private group entity 🚨 Government									
4a. The following fee(s) are s Y Issue Fee Publication Fee (No sn Advance Order - # of	 Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2.32.775 (enclose an extra copy of this form). 								
5. Change in Entity Status (a. Applicant claims SM	IALL ENTITY status.	See 37 CFR 1.27.	☐ b. Applicant is no	o longe	er claiming SMAI	LL ENT	TTY status. See 37 CI	FR 1.27(g)(2).	
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